

CD 4/27/2020

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BOYLANDS, WILLIAM F. 79751-053 Camp One SCHUYLKILL  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Id like my REQUEST FOR COMPASSIONATE  
RELEASE PURSUANT to the PROVISIONS ALLOTTED  
By the CARES Act of 2020:  
SEE ENCLOSED EXPLANATION.-

4/30/20  
DATE

William Boylands Jr  
SIGNATURE OF REQUESTER

Part B- RESPONSE

FCI Schuylkill  
MAY 05 2020  
warden's office

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 101528-F1

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

REQUEST FOR ADMINISTRATIVE REMEDY

CD 4/27/2020

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BOYLAND, WILLIAM F. 79751-053 Camp One SCHUYLKILL  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Id like my REQUEST FOR COMPASSIONATE  
RELEASE PURSUANT to the provisions ALLOTTED  
By the CARES ACT OF 2020.  
SEE ENCLOSED EXPLANATION.

4/30/20  
DATE

William Boyland Jr.  
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 1017528 FI

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

REQUEST FOR ADMINISTRATIVE REMEDY

CD 4/27/2020

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BOYLAND, William F. 79751053 Camp One SCHUYLKILL  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Id like my REQUEST FOR COMPASSIONATE  
RELEASE PURSUANT to the PROVISIONS ALLOTTED  
BY the CARES ACT OF 2020.  
SEE ENCLOSED EXPLANATION.

4/30/20  
DATE

William Boyland Jr  
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

CASE NUMBER: 1017528-FI

SECOND COPY: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BYLAND, William F. 19751153 Camp CMC SCOTTSDALE  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I'd like my request for compassionate  
release pursuant to the provisions allowed  
by the Prisoners Act of 2020.  
See enclosed explanation.

4/30/20  
DATE

[Signature]  
SIGNATURE OF REQUESTER

Part B- RESPONSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

CASE NUMBER: 1017528-FI

THIRD COPY: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECIPIENT'S SIGNATURE (STAFF MEMBER)

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ MAY 15 2020 ★  
BROOKLYN OFFICE

HONORABLE STERLING JOHNSON  
UNITED STATES DISTRICT COURT  
225 CADMAN PLAZA  
BROOKLYN HEIGHTS, NY 11201

RE: EMERGENCY MOTION CRIMINAL CASE  
NUMBER 1:11-850(CR)-SL

JUDGE JOHNSON,

ENCLOSED YOU'LL FIND DOCUMENTATION  
REPRESENTING MY EFFORTS ATTEMPTING TO  
OBTAIN ADMINISTRATIVE DIRECTION. SIMILAR  
TO THE PREVIOUSLY FORWARDED DOCUMENTATION,  
ADMINISTRATION HERE AT SCHUYLKILL HAS  
NO INTENTION ON ANSWERING OR ADHERING  
TO THE NEWLY ENACTED CARES ACT OR  
ITS PROVISIONS. ACCORDING TO THE BOP  
PROGRAM STATEMENT 5050.50, SUPPORT  
OR DIRECTION SHALL BE GIVEN IN  
COMPASSIONATE RELIEF PROCESS. TO DATE  
NO QUESTIONS OR DIRECTION HAVE BEEN  
GIVEN.

THE ENCLOSED DOCUMENTATION WAS GIVEN  
TO ME WITH DIRECTION TO RETURN IT TO  
THE WARDEN WHICH I FOLLOWED VIA  
IN HOUSE MAIL. I WAS NEVER TOLD THAT  
I COULDN'T HAVE OR ATTACH CORRESPONDING  
PAGES. THE REJECTION REASON 2 MENTIONED  
THAT IT SHOULD BE LEGIBLE WHICH  
YOU CAN SEE IT WAS.

YOUR HONOR, IM SENDING THE COURT  
THIS DOCUMENTATION TO SHOW MY  
CONTINUED EFFORT TO BE COMPLIANT  
WITH BOP REGULATIONS AS WELL AS  
ALERTING YOUR HONOR OF MY EFFORTS TO  
EXHAUST MY ADMINISTRATIVE REMEDY.

Sincerely  
William Boyland Jr.  
WILLIAM BOYLAND JR  
REG # 79751-053

WARDEN, FINLEY  
WARDEN FEDERAL CORRECTIONAL INSTITUTION  
SCHUYLKILL

PER YOUR RESPONSE DATED 4/23/20  
CONCERNING MY REQUEST FOR GUIDANCE VIA  
THE 3582(C) (1)(A) AND 4205(G) PROCESS

PER THE PROGRAM STATEMENT 5050.50 MY  
STATUS AS A "NEW LAW," ATTORNEY  
GENERAL WILLIAM BARR'S DIRECTIVE IN THE  
"CARES ACT," FOCUS ON SPECIFIC AREAS  
OF ELIGIBILITY THAT SHOULD BE ADDRESSED  
IN THE DETERMINATION PROCESS.

MY PRE-EXISTING HEALTH ISSUES  
WHICH MAKE ME EXTREMELY VULNERABLE  
TO COVID-19 WERE NEVER ADDRESSED  
I ASKED TO BE SEEN TO ADDRESS  
WHAT I RECOGNIZED AS SYMPTOMS VIA  
READING CDC "THINGS TO WATCH FOR"  
REGARDING COVID-19. THESE REQUEST  
VIA "COP-OUT" TO UNIT MANAGER RAUP  
AND CASE MANAGER MROSCKS WERE MET

WITH "JOKE" AND DISBELIEF. I ADDRESSED THEM BOTH TELLING THEM NOT ONLY OF MY OWN POSSIBLE SYMPTOMS, BUT OF OTHER AILING INDIVIDUALS THAT I WITNESSED THROUGHOUT PANIP ONE.

DURING TRANSIT TO SCHUYLKILL, I EXPERIENCED DIZZINESS AND RESPIRATORY DIFFICULTY THAT RESULTED IN MY PASSING OUT ON THE PAUSING CELL FLOOR IN THE R<sub>2</sub>D SECTION OF THE CANAAN HOLD OVERS INTAKE AREA. A SIMILAR "SPELL" HAPPENED HERE AT SCHUYLKILL WAS ALSO NEVER ADDRESS. I WAS HOWEVER GIVEN AN "IDLE" PASS TO BE EXCUSED FROM WORK DETAIL.

LISTED IN MY PROBATION REPORT WAS DIABETES OR GLUCOSE ISSUES HIGH CHOLESTEROL, ANXIETY AS WELL AS OBESITY. ALL ARE PRE-EXISTING AILMENTS WHICH PUT ME IN DIRECT RISK OF CONTRACTING THE CORONAVIRUS. AS WELL AS FOR THE "CARES ACT" DEEM ME ELIGIBLE FOR CONSIDERATION.

ACCORDING TO THE PATTERN SCORE CALCULATED FOR THE "FIRST STEP ACT," I WAS DEEMED A LOW RISK FOR RECIDIVISM AND ELIGIBLE FOR ALL THE PROVISIONS BOTH THE FIRST STEP AND THE CARE ACT GIVES.

DURING MY ENTIRE TIME IN BOP CUSTODY IVE NEVER HAD ANY DISCIPLINARY ACTIONS BROUGHT AGAINST ME.

AS FOR THE QUESTION OF THE RE-ENTRY PLAN, I HAVE A PLACE OF RESIDENCE ALREADY ESTABLISHED AT 460 CHAUNCEY STREET IN BROOKLYN NEWYORK. I HAVE A STRONG SUPPORT NETWORK IN BOTH MY FAMILY AND MY CHURCH FAMILY. I ALSO HAVE GAINFUL EMPLOYMENT ESTABLISHED AT A PLACE CALLED THE "NEW LIFE" ORGANIZATION ALSO IN BROOKLYN NEWYORK. THIS ORGANIZATION SPECIALIZES IN RESOURCES FOR FORMER INMATES IT ALSO PROVIDES HEALTH INSURANCE TO BOTH MY TEENAGE SON AND MYSELF.

I'VE ALSO RECENTLY ASKED FOR  
THE INSTITUTION'S GUIDANCE REGARDING  
MY SON WILLIAM BOYLAND III'S MOTHER  
WHOSE BE DIAGNOSED WITH LUPUS.  
THE LUPUS HAS RENDERED HER  
DISABLED. MY PURPOSE WAS TO MAKE  
THE ADMINISTRATION AWARE OF THE  
FINANCIAL HARDSHIP HER DISABILITY STILL  
HAS TAKEN ON THE DAY-TO-DAY  
WELFARE OF OUR CHILD. I'M ASKING  
FOR POLICY AND PROCEDURES ON HOW  
I CAN GET BACK TO THEM PER THE  
BOP COMPLIANT POLICIES.

ALSO ANY FINES OR  
FINANCIAL OBLIGATIONS WILL ALSO  
BE MET IN AN ORDER TO STAY COMPLIANT  
WITH ANY COURT ORDERED OBLIGATION.

IN CONCLUSION AS STATED IN  
MY PRIOR MISSIVE, I'D LIKE TO BE  
CONSIDERED TO BE RE-DESIGNATED TO  
HOME CONFINEMENT VIA THE ATTORNEY  
GENERAL'S DIRECTIVE AND NEWLY  
ENACTED LAW "THE CARES ACT."

MY REQUEST COMES FROM WITNESSING  
DIRE HEALTH CONDITIONS AMONGST  
"LOCKED DOWN" INDIVIDUALS. AS STATED  
PRIOR, FLU-LIKE CONDITIONS / SYMPTOMS  
ARE RAMRANT IN CAMP ONE. NO TESTING  
HAS HAPPENED SO THE STATEMENT REGARDING  
MY POTENTIAL TO BE EXPOSED TO OR  
POSSIBLY CONTRACTING THE CORONA VIRUS  
IS IN DIRECT CONTRADICTION TO THE NEWLY  
ENACTED LAW. I ASK TO BE RECONSIDERED  
AND WILL HUMBLBY AWAIT YOUR RESPONSE.

CONTINUATION...


YOUR HONOR I ALSO JUST REALIZED THAT I DIDNT PROVIDE THE COURT WITH A PHONE NUMBER AT 460 CHANCEY STREET BROOKLYN NY, 11233 SHOULD THE COURT GRANT RELIEF, 718 455-2470, OR 917 544-6187 CONTACT WOULD BE MY MOTHER RUBY BOYLAND THE TRANSPORTATION FROM THE FACILITY WOULD BE TRACY BOYLAND MY SISTER OR ADRIAN BAPTISTE CHILDHOOD FREIND BOTH ARE APPROVED ON THE FACILITIES (BOP) VISITING PROTOCOLS.

IN CLOSING THE HOME WOULD ONLY CONSIST OF MY PARENTS WILLIAM BOYLAND SR, RUBY BOYLAND AND MYSELF IN A TWO FAMILY BROWNSTONE HOME. PROVIDING ADEQUATE DISTANCING AS WELL AS ACCESS TO HEALTH CARE LOCALLY PROVIDED BY MY FORMER PRIMARY CARE DOCTOR PAVUS BONHART.

AGAIN I THANK YOU IN ADVANCE FOR ANY CONSIDERATION.

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 5, 2020

  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
SCHUYLKILL FCI

TO : WILLIAM F BOYLAND JR, 79751-053  
SCHUYLKILL FCI UNT: CAMP QTR: E03-005U  
P.O. BOX 700  
MINERSVILLE, PA 17954

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 1017528-F1 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : MAY 5, 2020  
SUBJECT 1 : REDUCTION-IN-SENTENCE REQUEST  
SUBJECT 2 :  
INCIDENT RPT NO:


REJECT REASON 1: YOU DID NOT SUBMIT YOUR REQUEST THROUGH YOUR COUNSELOR, OR  
OTHER AUTHORIZED PERSON.

REJECT REASON 2: YOU MAY ONLY SUBMIT ONE CONTINUATION PAGE, EQUIV. OF ONE  
LETTER-SIZE (8.5 X 11) PAPER. TEXT ON ONE SIDE. THE  
TEXT MUST BE LEGIBLE.

REJECT REASON 3: YOU MAY RESUBMIT YOUR REQUEST IN PROPER FORM WITHIN  
5 DAYS OF THE DATE OF THIS REJECTION NOTICE.

REJECT REASON 4: SEE REMARKS.

REMARKS : MUST INCLUDE YOUR COMP. RELEASE DENIAL LETTER. MUST  
ROUTE THROUGH YOUR COUNSELOR OR UNIT MANAGER. YOU  
CAN ONLY HAVE ONCE CONTINUATION PAGE.

  
PCF Schuykill  
MAY 05 2020  
RECEIVED 010000